

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 556653

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		1				
10		1				
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13	1		1			
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25	1		1			
26		1		1		
27		1		1		
28		1		1		
29	1		1			
30		1		1		
31	1		1			
32		1		1		
33	1		1			
34		1		1		
35		4		1		
36		1		1		
37	1		1			
38		1		1		
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50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.	←		21	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

*CBW*